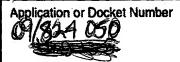
1714

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000



| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN   |  |   |              |                                |              |                  |       |                    |                        |                       |                           |                        |
|--|--|---|--------------|--------------------------------|--------------|------------------|-------|--------------------|------------------------|-----------------------|---------------------------|------------------------|
|  |  | CLAIMS AS                                 | (Column      |                                | (Column 2)   |                  | _     | SMALL ENTITY TYPE  |                        |                       | OTHER THAN R SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   | 13           |                                |              |                  |       | RATE               | FEE                    |                       | RATE                      | FEE                    |
| FOR  |  |   | NUMBER FILED |                                | NUMBER EXTRA |                  |       | BASIC FEE          | 355.00                 | OR                    | BASIC FEE                 | 710.00                 |
| то   | TAL CHARGEA                                    | BLE CLAIMS                                | \ 3 mir      | nus 20=                        | • Ø          |                  | 1     | X\$ 9=             |                        | OR                    | X\$18=                    |                        |
| INDEPENDENT CLAIMS   |  |   | U mi         | nus 3 =                        |              |                  |       | X40=               |                        | OR                    | X80=                      | .80                    |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT       |                                |              |                  | Ī     | +135=              |                        | OR                    | +270=                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |              |                                |              | L                | TOTAL |                    | OR                     | TOTAL                 | 79 A.                     |                        |
| CLAIMS AS AMENDED - PART II  |  |   |              |                                |              |                  |       | •                  |                        | •                     | OTHER                     | THAN                   |
| (Column 1) (Column 2)  |  |   |              |                                |              | (Column 3)       | _     | SMALL E            | ENTITY                 | OR                    | SMALL                     | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID  | BEA<br>DUSLY | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |                       | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 6                                       | Minus        | **                             |              | =                |       | X\$ 9=             |                        | OR                    | X\$18=                    |                        |
|  | Independent                                    | •   | Minus        | ***                            |              | = -              |       | X40=               |                        | OR                    | X80=                      |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |              |                                |              |                  |       | +135=              |                        | OR                    | +270=                     |                        |
|  |  |   |              |                                |              |                  |       | TOTAL<br>DDIT, FEE |                        | OR                    | TOTAL<br>ADDIT, FEE       |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                                |              |                  |       |                    |                        | •                     |                           |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |                       | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 0                                       | Minus        | 9                              |              | 3                |       | X\$ 9=             |                        | OR                    | X\$18=                    |                        |
|  | Independent                                    | NTATION OF ME                             | Minus        | *** A                          | <del>/</del> | = -              |       | X40=               |                        | OR                    | X80=                      |                        |
| _  | FIRST PRESE                                    | INTATION OF INC                           | JEINFEE DEF  | ENDENT                         | CLAIN        | لللا             |       | +135=              |                        | OR                    | +270=                     |                        |
|  |  |   |              |                                |              |                  |       | TOTAL<br>DDIT. FEE |                        | OR                    | TOTAL<br>ADDIT, FEE       |                        |
|  |  | (Column 1)                                |              | (Colur                         |              | (Column 3)       | . ^   | DOM . FEE          |                        |                       | ADDIT. FEEL               |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1.54         | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |                       | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 4                                       | Minus        | A                              | 0            | = Ø              |       | X\$ 9=             | 9.5                    | OR                    | X\$18=                    |                        |
|  | Independent                                    |   |              |                                | = Ø          |                  | X40=  |                    | OR                     | X80=                  | <del>(1)</del>            |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                |              |                  |       | +135=              |                        | OR                    | +270=                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."   |  |   |              |                                |              |                  |       | TOTAL              |                        | 00                    | TOTAL                     |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FE ADDIT. FE ADDIT. FE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                |              |                  |       |                    |                        | ADDIT. FEE<br>lumn 1. |                           |                        |
|  |  | m.  |              |                                |              |                  |       |                    |                        |                       |                           |                        |